SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 194 OF Use separate schedule(s) (check only one)

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NAME OF COMMITTEE (In Full) EMILY's List		
Name of Employer University of Virginia Receipt For: Primary Other (specify) Other	State Zip Code MA 01890 C Cccupation niversity Professor Aggregate Year-to-Date 1000.00	Date of Receipt M
Name of Employer Self Employed Property For:	State Zip Code NC 27510 C Cccupation sychologist Sociologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M
Name of Employer C self w	State Zip Code CA 90272 C Decupation writer Aggregate Year-to-Date ▼	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number only	<i>(</i>)	